The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XXIII MARCH, 1967 NO. 3

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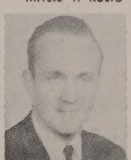

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LEGISLATIVE ISSUE

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

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EDITORIAL

THE NEW CROP

By
KAREL J. SUSAT, M. D.
HDMS Legislative Councilor

Another year has gone by and another *Legislative* Issue of the *Hippocrat* is before us. I must confess that it is with some trepidation that I approach this writing because, basically, I can only repeat the urgings and the proddings of my predecessors. Moreover, I know that I shall meet with as little success as they did. Better men than I have filled the function of Legislative Councilor in the past; yet, they were unable to impart any appreciable motion to this virtually immovable object - a group of physicians deeply dedicated to their profession, but complacent, meek, or defeatist, if not outright disinterested, in the socio-economic affairs of their profession.

Admittedly, there are a few amongst us who spare no time or effort watching over our affairs on a district, state, and national level. But they cannot accomplish anything without the *active* support of our whole membership.

HDMS ANNUAL MEETING, APRIL 20

Where were we last year when a handful of chiropractors, through a barrage of thousands of letters, convinced our legislators to legalize quackery? Why did the legislators and the Governor receive 11 times more mail favoring the bill than opposing it? Are there 11 times more chiropractors than M.D.'s in our Commonwealth? Or could it be that we did not fulfill our obligation to ourselves, to our patients and to our colleagues, that we did not write, and that our silence helped the bill to pass? Our Legislative Councilor urged us last year on these very pages and in separate letters to write and to oppose. How many of us did?

Now a new crop of bills lies before the legislators. The Legislative Committee of the MMS met in Boston on January 18 and read, discussed and evaluated 93 of these bills which may concern our profession directly or indirectly. The Committee voted to support 22 bills, to oppose 27, and to take no action on the balance. The bills to be supported or to be opposed are summarized in the *Legislative Hopper* of this issue (see page 6).

Those on which *no action* was recommended are omitted.

Important Bills

I would like to point out particularly a few of those bills that are of more general interest and importance to most of us:

S 804 - In essence, this bill would unify all public welfare programs in one newly organized State Department of Public Welfare, thereby abolishing all 270 autonomous local boards and departments and establishing in their place Community Service Centers of the Department. The Commonwealth would assume all costs to local communities for public welfare.

This bill came out too late to be voted upon at our MMS Legislative Committee meeting on January 18, but we have mailed in our votes to the Committee Chairmen recently. At this point, I do not know what the whole Committee vote was, but I feel very strongly that this bill deserves our full support mainly because, for better or for worse, it would establish uniformity in welfare programs' administration and do away with the whims and idosyncrasies of some too powerful local welfare agents. Moreover, it would relieve the communities of a heavy financial burden.

S 655 - We support this bill which would remove decision-making on fluoridation from the uninformed voters and place it where it belongs - in the hands of informed experts.

H 952 - Look out! This bill would change the statute of limitations covering malpractice suits from the present 3 years to *two years after the injured party has knowledge of the facts which gave rise to cause of action.*

Beware of this bill and act against it - *now!* If this bill is passed,

you may find yourself held liable at the end of your career for a drug administered 30 years earlier if someone then tells the patient that it may have been harmful. It is a preposterous and dangerous bill, and none of us should rely on "someone else" to fight it!

H 2642 and H 2455 - Both essentially requiring that a doctor be in attendance at all times in all hospitals. We oppose these bills as impractical for most small hospitals are without house staffs.

H 3014 - Another bill to watch! You could be fined $1,000 for leaving your bag with narcotics even in the locked trunk of your car!

H 349 - From the State Labor Council, AFL-CIO, would have a Commission investigate costs of medical care *and doctors' fees.* The investigators would be four state senators, three state representatives, and one representative each from the insurance industry, hospitals and organized labor but no representative of physicians. Would you like this one to pass?

S 665 - Would allow you to prescribe birth control pills only in the presence in your office of *both* husband and wife. We oppose.

S 371 - Would have physicians decide whose driver's license should be revoked. We oppose. We are willing to examine drivers and report findings to the Registry who alone should rule on the ability to drive.

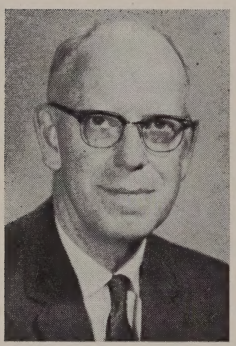
So much for the more important bills, all of which deserve your personal attention and individual contacts with your legislators.

An Appeal

Permit me to conclude with an appeal, however futile, for more active interest and more personal engagements in our affairs of all members of our Society. The scope and attendance at our quarterly District business meetings are pitiful. Most of our members appear to be totally uninformed and seemingly carefree about the vital issues currently under discussion at the State Society level. Why could not a detailed report on these issues by the Executive Councilor be made an *i n t e g r a l* part of *e a c h* meeting? Lively discussions and a more enlightened and interested membership would undoubtedly result from it. These reports would be infinitely more valuable than bland monologues of visiting dignitaries expounding on how wonderful our profession and its parent organization are. A few dedicated office bearers at the head table cannot do it alone. They need our interest and support in the ranks. The whirlwind of governmental regimentation is howling outside, the roof is caving in over private medicine. But we, rather than attending to our affairs at the business meeting, are pleasantly chit-chatting over cocktails and roast beef dinners. Pretty soon we may find ourselves unable to afford either!

#

President's Page



It was unfortunate that one of the winter's worst storms arrived the day of the last District meeting and thus denied us the opportunity of listening to Tom Reed. His subject matter dealing with Blue Cross-Blue Shield matters is of great interest to all of us, and it is hoped he can be persuaded to return at a later date.

Your Executive Committee voted to omit the rescheduling of this cancelled meeting so that our next meeting will be April 20th which is the Annual Meeting.

As you have noted in the Hampden District "Newsletter", your Executive Committee has been hard at work and felt that the membership should be kept informed and has sent out the "Newsletter" with this in mind. If by chance you did not read it carefully, dig it out and read it again.

Since this is my next to last message as President, let me urge any or all of you who have particular interests to answer Dr. Baker's request concerning committee appointments. I have appreciated the hard work of our committees, and Dr. Baker will need the same help. Call Mrs. Purdy and sign up.

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LEGISLATIVE HOPPER

The following are some of the bills under consideration this year in the General Court of Mass. The number of the bill, a brief description thereof, person introducing same, legislative committee considering same, and the recommendations made by the MMS Legislative Committee are given. Bills upon which the Committee voted "No Action" are not listed. For more information, Dr. Karel J. Susat, Chairman of the HDMS Legislative Committee, or the Society's office should be contacted.

HOSPITALS

S 111 - Creating a State Council for Regional Hospital Planning, Regional Hospital Planning Councils and defining their powers and duties. (Sen. Harmon) State Administration - **Oppose** as unnecessary. Being handled on voluntary basis.

H 2642 - Requiring all hospitals to have a staff doctor assigned to duty at all times to administer medical services in an emergency. (R. J. O'Brien) Public Health - **Oppose.**

H 2455 - Providing that there shall be a doctor in attendance at all times in all hospitals. (Rep. Simonelli) Public Health - **Oppose.**

INSURANCE

H 349 - Resolve providing for an investigation of increased Blue Cross-Blue Shield rates, insurance premiums, hospital charges and doctor's fees. (State Labor Council, AFL-CIO) Insurance - **Oppose.** There has already been a long, expensive investigation.

LEGAL

S 459 - Authorizing a police officer to arrest a person for uttering a false prescription to procure drugs. (Sen. McIntyre) Judiciary - **Support.**

H 579 - Providing that certain hospital corporations and organizations et al be made liable for the tortious acts of its employees. (Reps. Weinberg & Epstein) Judiciary - No action at this time. To be watched. Counsel to report progress.

H 589 - Authorizing the making of gifts of human tissue or organs. (Rep. Fishman) Legal affairs - **Support Strongly.** Counsel to contact sponsors to determine type of support needed.

H 952 - Changing the statute of limitations covering malpractice suits. (Meyer H. Goldman) Judiciary - **Oppose.** Present statute requires that action for malpractice against physician must begin within three years after cause of action occurred. (Except for minors. Three-year period begins after they are 21.) This proposed bill would make it possible for injured party to initiate action within two years after he has knowledge of the facts which give rise to cause of action.

H 990 - Relative to keeping hospital

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records. (Meyer H. Goldman) Public Health - **Oppose.**

H 2263 - Provides for destruction of hospital records in 25 years, instead of 55. (Leo Ledger.) Public Health - **Oppose.**

H 1524 - To increase the compensation of medical examiners of Suffolk County. (Neil J. Chayet) Public Service - **Support.**

S 674 - Increasing certain fees for medical examiners and associate medical examiners. (Sen. Quinlan) Public Health - **Support.**

S 753 - Granting tenure of office to certain medical examiners and associate medical examiners. (Sen. Quinlan) Public Service - **Support.**

S 649 - Providing for an investigation and study by a special commission of the need for legislation to eliminate or alleviate the illegal practice of processing and forging physicians' prescription blanks to obtain narcotics. (L. R. Barnes) Public Health - **Support** with amendment that two M. D.'s and two pharmacists be on the commission.

H 2017 - Relative to the admissability in evidence of written reports of a deceased physician. (E. F. Hennessy & Rep. D. W. Carney) Judiciary - **Support.**

H 2747 - Exempting physicians and nurses from civil liability in administering immunization or other protective programs under public health programs. (Rep. Donovan) Judiciary - **Support.**

H 3014 - Any person lawfully in possession of any narcotic drug who leaves same in an unattended motor vehicle shall be punished by a fine of not less than $50 and not more than $1,000. (T. F. Garley) Judiciary - **Oppose.**

H 2643 - Establishing the Commission on Post Mortem examinations. (Rep. Donovan) Public Health - **Oppose** as impractical. Cannot in fact be implemented. Experts in forensic medicine not available. Too expensive a program.

MENTAL HEALTH

H 65 - Authorizing the continued employment of certain skilled persons on an emergency basis after their retirement. (Dept. M.H.) Pensions and Old Age Assistance - **Support.**

H 66 - Increasing fees for physicians authorized to make certain mental examinations. (Dept. of M.H.) Public Welfare - **Support.**

H 69 - Authorizing the establishment and charging of fees for outpatient psychiatric services. (Dept. of M.H.) Public Welfare - **Support.**

S 439 - To protect patients' confidential communications to psychiatrists and other psychotherapists. (Sen. Cohen) Judiciary - **Oppose** as written. Principle favored, but this bill would include non M. D.'s.

MISCELLANEOUS

S 110 - Further reviving and continuing the special commission established to make an investigation and

(More on Page 8)

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study relative to the establishment of a state board of examiners of bionalytical laboratories. (Sen. Ward) Joint Rules - **Oppose.**

S 657 - To create a board of review of medical licenses. (Sen. Donahue) Public Health - **Oppose.**

S 658 - Relative to schools for the training of medical laboratory technologists. (Sen. Donahue) Public Health - **Oppose.**

S 659 - Authorizing the Board of Registration in Medicine to register as a qualified physician Elmo Ponsdomenech of Newton. (Sen. Donahue) Public Health - **Oppose.**

S 647 - Authorizing the Board of Registration in Medicine to register as a qualified physician Kent Salter of Worcester. (Kent Salter) Public Health - **Oppose.**

S 669 - Relative to Clinical Laboratories. (Lewis Brooks) Public Health - **Support in principle.**

S 652 - To regulate schools for training of medical laboratory technologists. (Dr. B. E. Copeland) Public Health - **Support.**

S 670 - Requiring the licensing of institutions and research facilities prior to the use of animal for the purpose of scientific investigation, experiment or instruction. (Sen. Kelly) Public Health - **Referred to Dr. A. C. Barger at Harvard.**

H 90 - Relative to the appointment of superintendents, physicians, and other employees. (Dept. P.H.) Public Service. - Counsel to check with Commissioner for explanation. Do physician employees have a right to a hearing if dismissed?

H 94 - Relative to the vaccination and immunization of school children. (Dept. P.H.) Education - **Support.** Question, however, re. inclusion of whooping cough, age 5 or under.

H 419 - Regulating the reporting of births of mongoloid children. (Rep. DiLorenzo) - Public Health - **Oppose** as impractical. Reporting within 96 hours meaningless. And reporting "child born greatly retarded" within 96-hours is impossible.

H 736 - Requiring polio immunization prior to admission to public schools. (Rep. McGuane) - Education - **Support.**

H 836 - Relative to the distribution of harmful or injurious medicines. (Rep. Robinson) Public Health **Favor in principle.**

H 1369 - Relative to the Protection of School Children from measles. (Larson) Education - **Support.**

H 1911 - Providing for an investigation and study by a special commission of the feasibility of the State Department of Public Health inaugurating a network of health screening clinics for persons 40 and over. (Rep. Danovitch) Public Health - **Oppose.** Unnecessary in view of Federal legislation re. Community Health Act, Heart, Cancer and Stroke bill. Such programs now in planning stage.

(More on Page 10)

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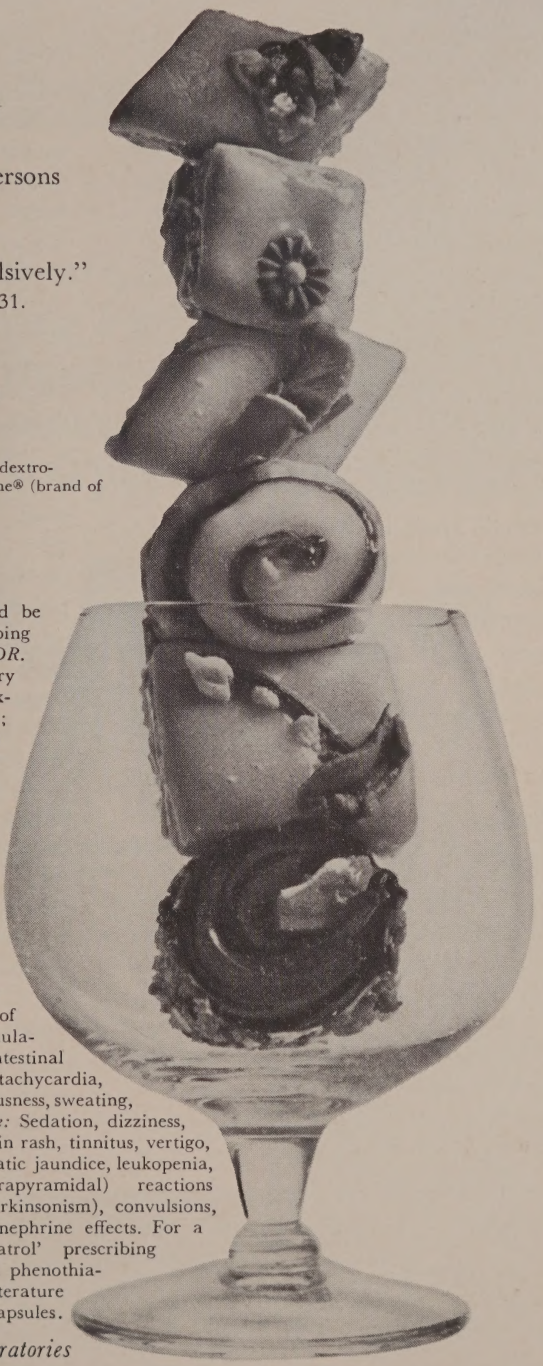

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S 653 - To prevent unnecessary deaths from cancer and other chronic diseases. (Sen. Donahue) Public Health - **Oppose.** Unnecessary, as in H 1911.

S 654 - Relative to the care and treatment of disabling respiratory diseases. (Sen. Donahus) Public Health - **Oppose** as unnecessary, as above.

S 655 - Repealing the laws relative to ascertaining the will of the voters as to the fluoridation or discontinuance of the fluoridation of a public water supply system. (Sen. Donahue) Public Health - **Support.**

S 664 - Establishing a special fund in the budget of the Department of Public Health. (Sen. Donahue) Public Health - **Oppose.** Indefinite and based on suppositions. No action at this time is indicated.

S 665 - Providing that a registered physician may administer or prescribe drugs or articles for the prevention of pregnancy or conception to married couples only, and both shall, appear before the physician. (J. L. Moulton) Public Health - **Oppose.**

S 683 - Prohibiting advertising, displaying or exhibiting any article for the prevention of pregnancy or conception. (Sen. Wall) Public Health - **Oppose.** Too all-inclusive. Would include exhibits at Medical Meetings, Medical Journal ads, etc.

S 668 - Requiring certain hearing tests for pre-school children. (Sen. Harrington) Public Health - **Oppose** as impractical in many respects. Diagnosis as required difficult.

SAFETY

S 129 - To require a periodic eye examination of every licensed driver. (AAA) Highways and Motor Vehicles - **Support** in principle. Type of test and to whom should be such that regulation can be implemented.

S 331 - Requiring medical reports on certain persons to be made to the Registrar of Motor Vehicles. (AAA) Highways and Motor Vehicles - **Oppose.** Support Society study. This is a problem of such magnitude that a study by competent authorities is a must.

S 371 - Relative to statements from physician as to the capability of a person to operate a motor vehicle after an accident. (Sen. McKenna) Highways & Motor Vehicles - **Oppose.** Physicians are willing to examine and report findings. Decision that person is physically and mentally able to operate a motor vehicle should be made by the Registry according to its own criteria.

H 542 - Requiring motor vehicle licenses to contain the designation of licensee's blood type. (R. L. Bernashe) Highways & Motor Vehicles - **Oppose** as impractical.

H 1806 - To establish a motor vehicle advisory board to assist the registrar of motor vehicles. (Registrar McLaughlin) Highways & Motor Ve-

(More on Page 12)

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hicles - **Support.** This was filed at suggestion of Society.

H 1801 - To require that operators or attendants on ambulances shall have current certificate of competence and training in first aid. (Registrar McLaughlin) Highways & Motor Vehicles - **Oppose.** Provision that operator may have a certificate, etc. from a physician is impractical.

Public Welfare

H 3999 - Authorizing and directing the Department of Public Welfare to promulgate rules directing local welfare boards to pay the medical bills of private physicians attending certain aid recipients in hospitals. (Rep. Early) Public Welfare

Section 1. The department of public welfare is hereby authorized and directed to promulgate rules and regulations directing local welfare boards to pay the medical balls of all physicians attending persons in hospitals who are receiving aid under chapters 118, 118B or 118C and who are entitled to the benefits of medicare or medicaid, where such persons have chosen such physicians. Such rules and regulations shall include treatment in teaching hospitals, non-profit charitably incorporated hospitals or proprietory hospitals.

Approve but with following changes:

Section 1. The Department of Public Welfare is hereby authorized and directed to promulgate rules and regulations directing local welfare boards to pay the medical bills of all *fully registered* physicians *in private practice responsible for the care of their own patients* in hospitals who are receiving aid under Chapters 118, 118B or 118C and who are entitled to the benefits of Medicare or Medicaid, etc.

S 804 - Relative to the reorganization of the Dept. of Public Welfare and administration of the public welfare system of the Commonwealth. (Henry M. Leen) State Administration - **Action Pending**

Karel J. Susat,
Legislative Councilor

If nobody spoke until he had something to say, the human race would lose the power of speech.

—W. Somerset Maugham

Yesterday is but a dream and tomorrow is only a vision, but today well lived makes every yesterday a dream of happiness and every tomorrow a vision of hope. —The Sanscrit

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SPEAK YOUR PIECE

As your legislative representatives ponder the thousands of bills which are to be voted on, you can help them to serve you better if you would make your views, recommendations, and comments known to them. Even though a vis-a-vis, personal meeting with your representative is the most effective approach, a well thought out personal letter is the next best way of making your comments welcome. To increase the effectiveness of your letter, observe the following:

1. Be specific and brief;
2. Be friendly and courteous;
3. Be straightforward and sincere, stating particularly how the proposed legislation will affect your community and you;
4. Do not follow form letters or use carbon copies, write each personally and individually stating your own ideas in your own words;
5. Request proper action and ask for an answer;
6. Be appreciative by acknowledging good votes and action;
7. Sign your letters legibly and always include your address.

When writing your legislative representatives, your letters may be directed to their offices or homes. Below is a listing of the areas they represent and where they may be reached.

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Edward M. Kennedy (D) Senate Office Bldg., Washington, D.C. - 20510 and 3 Charles River Square, Boston 02114.

Congressmen

First District - Silvia O. Conte (R) House Office Bldg., Washington, D.C. - 20515 and Blythewood Drive, Pittsfield 01021.

Second District - Edward P. Boland, (D) House Office Bldg., Washington, D.C. - 20515 and 100 Mooreland St., Springfield 01104.

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First Hamden District (Ludlow and Wards 2, 4, 5, 6, 7, 8 in Springfield): Donald N. Ryan (D), 15 Puritan Circle, Springfield 01119.

Second Hampden District (Chicopee, Holyoke, and Ward 1 of Springfield): Maurice A. Donahue (D), 251 Beech St., Holyoke 01040.

Hampden and Berkshire District (Agawam, Blandford, Chester, East Longmeadow, Granville, Longmeadow, Montgomery, Russell, Southwick, Ward 3 of Springfield, Tolland, Westfield, and West Springfield in Hampden County and the other communities in Hampshire and Berkshire Counties): George D. Hammond (R), 96 Western Ave., Westfield 01085.

Worcester and Hampden District (Brimfield, Hampden, Holland, Monson, Palmer, Wales and Wilbraham in Hampden County; Belchertown and Ware in Hampshire County and Worcester County communities) Philip A. Quinn (D), 101 Main St., Spencer 01562.

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State Representatives

First Hampden District (Brimfield, Hampden, Holland, Monson, Palmer and Wales): Alexander Lolas (D), Upper Palmer Road, Monson 01057.

Second Hampden District (Ludlow and Wards 5 and 6 of Chicopee): Steve T. Chmura (D), 460 West St., Ludlow 01056.

Third Hampden District (Wards 7, 8, and 9 of Chicopee): Roger L. Bernashe (D), 17 Tourtellotte Ave., Willimansett 01013.

Fourth Hampden District (Wards 1, 2, 3, and 4 of Chicopee): Mitsie T. Kulig (D), 26 Sachem St., Chicopee 01013.

Fifth Hampden District (Ward 2 of Springfield): James J. Bowler (D), 69 Clantoy St., Springfield 01104.

Sixth Hampden District (Wards 3 and 4 of Springfield): James L. Grimaldi (D), 102 Florence St., Springfield 01105 and Anthony M. Scibelli (D), 200 Maple St., Springfield 01105.

Seventh Hampden District (Ward 5 of Springfield): Frederick W. Whitney, Jr. (R), 600 Alden St., Springfield 01109.

Eighth Hampden District (Ward 6 of Springfield): Philip K. Kimball (R), 770 Dickinson St., Springfield 01108.

Ninth Hampden District (Ward 7 of Springfield): John P. O'Brien (D), 127 So. Branch Parkway 01108.

Tenth Hampden District (Ward 1 of Springfield): Arthur J. McKenna (D), 652 Chestnut St., Springfield 01107.

Eleventh Hampden District (Agawam, Blandford, Chester, Granville, Montgomery, Russell, Southwick and Tolland): Walter T. Kerr (D), 825 No. West St., Agawam 01001.

Twelfth Hampden District (Wards 1, 2, and 4 of Holyoke): Stephen T. Chmura (D), 4 Elm St., Holyoke 01040.

Thirteenth Hampden District (Wards 3 and 6 of Holyoke): David Bartley (D), 5 Wolcott St., Holyoke 01040.

Fourteenth Hampden District Wards 5 and 7 of Holyoke): Emmett J. Cauley (D), 140 Allyn St., Holyoke 01040.

Fifteenth Hampden District (Westfield): Robert J. McGinn (D), 46 Coolidge Ave., Westfield 01085.

Sixteenth Hampden District (East Longmeadow, Longmeadow, and Wilbraham): Vernon R. Farnsworth, Jr. (R), 30 Ripley St., Wilbraham 01095.

Seventeenth Hampden District Ward 8 of Springfield): Dave N. Vigneault (D), 39 Wilton St., Springfield 01109.

Eighteenth Hampden District (West Springfield): John F. Coffey (D), 20 Day St., West Springfield 01089.

Fourth Hampshire District (Amherst, Belchertown, Granby, Pelham, and Ware): James R. Nolen (D), 25 Homecrest Ave. Ware 01082.

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COMMUNITY MENTAL HEALTH

PROPOSED ORGANIZATION

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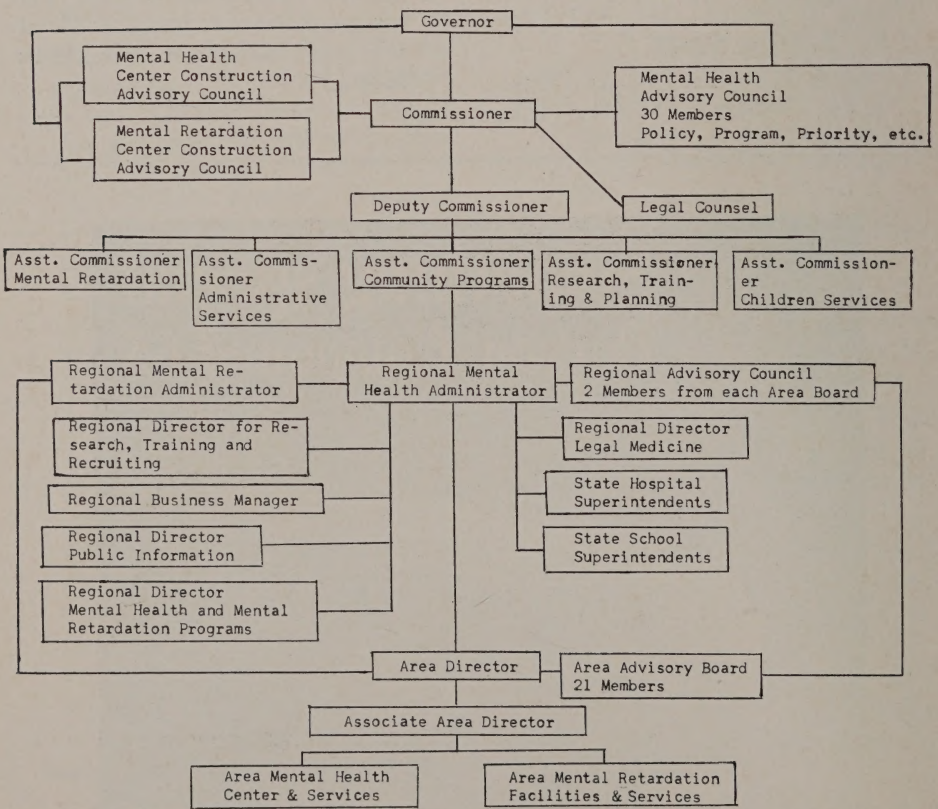
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Regional Mental Health Administrator
Regional Advisory Council 2 Members from each Area Board
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Regional Director Mental Health and Mental Retardation Programs
Regional Director Legal Medicine
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State School Superintendents
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Area Advisory Board 21 Members
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Area Mental Retardation Facilities & Services

PROGRESS REPORT ON MENTAL HEALTH

by EUGENE G. BOSS, JR.

Chairman, Mental Health Committee

Amid considerable political maneuvering, the special session of the General Court of Mass. as called by Governor Volpe in December of 1966 enacted the Community Mental Health Bill. This act establishes a comprehensive program for mental health and mental retardation in the Commonwealth and will become effective March 27, 1967.

Local Areas

In its final form the Bill requires the Department of Mental Health to divide the Commonwealth into approximately 37 areas containing 75,000 to 200,000 people each for the purpose of decentralizing mental health care and creating community centers for the mentally ill and the mentally retarded. Each area is to have a board of 21 members to administer both the mental health center and the facilities for the retarded in its area. These area boards will be appointed by the Commissioner of Mental Health from a list of nominees as submitted by respective area selection committees which must be set up within ninety days of the passage of the Bill. Each area is to have an Area Director and an Associate Area Director appointed by the Commissioner on the advice of the area board. When mental health centers are built in the various areas, the Director will also be the head of the local center. In addition to the usual inpatient services, major emphasis is to be placed on outpatient services, emergency services on a 24 hour basis, partial hospilization services for day and night care, and mental health consultation as well as education services to the community. Where "practical," mental health services will also include diagnostic services, rehabilitation services, preventive, precare and aftercare, and research programs.

A proposal has been made to build a 500 bed center for retarded persons in the Springfield area. The only information currently available is that this center is to be a "cottge type" facility requiring some 50 acres of land. The recently enacted mental health and retardation bill requires that certain services be offered at this center:

1. Diagnostic evaluation and revaluation;
2. Treatment services;
3. Training programs for preschool clinical services;
4. Long and short term day and

(More on Page 18)

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night care residential services for various purposes.

In addition, "if practical," it could include:

1. Training programs for various type personnel;
2. Research programs;
3. Preventive services.

The HDMS Mental Health Committee is attempting to obtain more detailed information from the Department of Mental Health concerning this proposed center, specifically the exact program to be carried out as well as the type and ages of the patients to be handled.

Regional Organization

The 37 areas of the State are to be grouped into regions (4 to 10) which would roughly correspond to the areas covered by the older State Mental Hospitals. The Commissioner is to appoint a Regional Mental Health Administrator, a Regional Administrator for Mental Retardation, and a Regional Director for Legal Medicine. These administrators need not be physicians.

State Organization

At the State level the Commissioner is to be advised by a 30 member Mental Health Advisory Council, appointed by the Governor, on matters of policy, program development, and priority needs. Also advising the Commissioner will be advisory councils on the construction of mental health centers and facilities for the mentally retarded. Each of these councils will be made up of the Commissioners of Mental Health, Public Health and Welfare, and 12 persons appointed by the Governor. On the State level, there are to be Assistant Commissioners of Mental Health for Community Programs, for Mental Retardation, for Research, Planning, & Training, for Administrative Services, for Children Services, and a Legal Counsel to the Commissioner. The new Act also provides for a Deputy Commissioner of Mental Health. Both he and the Commissioner must be certified in psychiatry by the American Board of Psychiatry and Neurology.

Governor's Task Force

As soon as the bill was passed, the Governor appointed a Mental Health Task Force to make recommendations concerning the transition from the old to the new program within the Department of Mental Health. The local representatives on this Task Force are Dr. J. Edgarton Howard, Director of the Austin Riggs Clinic, and Robert VanWart, the Director of the Springfield Community Council. Two immediate problems which have arisen are: (1) the relatively low pay scale available for Assistant Commissioners, which would seem to keep recruiting at a lower level of quality, and (2) the Federal requirement that all Area Directors be under civil service and that all employees of the Department of Mental Health continue in the new program with-

(More on Page 20)

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out impairment of their civil service status or rights. Without these civil service requirements, Federal aid to mental health projects could be jeopardized, and this might amount to some $50,000,000.

Conditions at Bridgewater State Hospital

At a hearing of the Special Commission on Correction, the President of the Massachusetts Bar Association made the charge that there are 200 inmates being held illegally at the Bridgewater State Hospital. He was followed by Attorney F. Lee Baily who suggested that the Bridgewater facility be done away with. The Mental Health Committee of the MMS has been investigating the Bridgewater State Hospital and has vigorously commented upon the lack of therapeutic assistance from psychiatrists. The HDMS Mental Health Committee has suggested that a joint effort be undertaken by the Department of Mental Health and the law schools in the Boston area to set up some type of treatment and research effort at the Bridgewater State Hospital for the criminally insane.

The second Special Recess Commission on Mental Health within a few days filed a hundred page document calling for a complete revision of the Commonwealth's Mental Health Laws to protest the civil rights and the human rights of all persons confined to State mental hospitals and schools. Among their suggestions were: permanent legal advisors for mental patients; a complete revision of the State laws affecting admission, treatment, and discharge of the mentally ill and retarded; a method for allowing some patients to work in the hospitals for pay; and providing every mental patient with complete psychiatric evaluations. The Massachusetts Medical Society's Mental Health Committee has a 12 point program for Bridgewater which will be published in a future issue of the New England Journal of Medicine as a "Letter to the Editor."

Problems To Be Overcome

The sharing of these treatment programs by psychiatrists, psychologists, social workers, teachers, and laymen will require a high degree of cooperation from all parties. The lines of medical responsibility and administrative duties will have to be clearly separated. Physicians must continue to be responsible for the medical care of the mentally ill. Community involvement will have to be actively sought and encouraged. The problem of recruiting personnel and staffing in this area where severe shortages already exist will require bold and inventive uses of manpower.

The HDMS Mental Health Committee is attempting to assist community efforts to achieve the best possible solution for our local problems. The concept of community mental health centers is a good one. It will take years for this legislation to become translated into an operating program. We will welcome any assistance and suggestions from within or outside our membership in helping to shape the course of these rapidly progressing events.

#

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MENTAL HEALTH COMMITTEE QUESTIONNAIRE

By MICHAEL GREEN, M. D.
Member, Mental Health Committee

Because of an apparent recent increase locally of non-medical mental health practitioners; because of the office and emergency room experiences of some physicians, in which it developed that patients who reported being under treatment by "psychiatrists" had actually been in treatment with non-physicians; and because of the implications of the broadened role of non-medical professionals in the recently enacted reorganization of the Massachusetts Department of Mental Health; the HDMS Mental Health Committee recently sent out questionnaires to sample the opinion of the membership on the subject of the role of the non-physician in mental health work.

The Mental Health Committee shares the reservations held by many people about the questionnaire as an instrument for obtaining anything but the roughest approximation of how people feel about complex issues.

Turning now to the questionnaire itself, the most prominent feature of the membership's response was its extent. The number of returns (126) in actual number and percentage-wise was one of the largest responses ever obtained to a survey conducted by the HDMS. This gratifying response by a large number of busy physicians seems to indicate a wide interest in the general topic.

Questions Asked

1. How frequently do you refer patients to non-psychiatrists for diagnosis and treatment of mental disorders (for example, psychiatric social workers, etc.)?
2. Reasons for doing so?
3. Do you continue medical supervision during the period of treatment (for example, prescription of medication, etc.)?

Of the respondents, 94 (or more than three-quarters of the total number) replied "never" to the first item of the questionnaire, thereby removing themselves from more detailed consideration by the Committee. Of the remaining replies to this initial question, 16 indicated "rarely"; 11, "occasionally"; and 5, "frequently".

The responses to the last two questions, by the remaining one-fourth of the responding group are summarized below along with some highlights pertaining thereto. The category which drew the most frequent response to Question 2 (see above) was that of "lesser cost". "Preference of patients" and "unavailability of psychiatrist" were close runners-ups in frequencies of responses to this question. Many of the respondents to this question checked several (and some, all) of

(More on Page 22)

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the available responses. Almost all the physicians who checked the category "other" seemed to understand it as referring for other reasons than treatment, and in almost all cases indicated that they referred for diagnostic help.

Tabulation

Number of returns	126	
Question #1		
Never	94	
Rarely	16	
Occasionally	11	
Frequently	5	
Question #2		
Unavailability of psychiatrist	7	
Lesser cost	10	
Better follow up	4	
Preference of Patients	12	
Question #3		
Rarely	4	(24)
Usually	8	
Always	12	

A cursory glance at the tabulation of the responses to Question #3 momentarily suggested that this might possibly be the most noteworthy item on the questionnaire since 24 respondents indicated that they "rarely" continued medical supervision of their patients. Closer scrutiny of the response forms, however, suggested that this apparent paradox was probably based on a rather general misunderstanding of this item. Although it was meant to imply continued medical supervision of patients who are referred to non-psychitarists, about 20 of the 24 physicians who replied "rarely" appear to have checked this word to emphasize the rarity of making such referrals, since almost all of them had answered "never" to Question #1. Only 4 of the forms revealed replies to Question #3 that seem worthy of special mention. These four physicians indicated that they "occasionally" refer to non-psychiatrists for treatment, but only "rarely" continue medical supervision. The twenty others who so refer patients, either "usually" or "always", continue medical supervision.

The Mental Health Committee feels it has been provided with a fair approximation of the membership's sentiments on this one aspect of mental health practice in our area (with all the limitation of the instrument mentioned at the outset of this report). It will be of help to the Committee during the year as it attempts to deal with various aspects of a very eventful and rapidly changing picture in mental health practice in our Commonwealth. The Committee would like to take this opportunity to thank the significant number of physicians who took the time to cooperate with this study. #

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In the confusion of recent conflict, one may have gathered the impression that our services are no longer available to Springfield Welfare patients. This is absolutely incorrect.

As you know, the laws governing Medicare and the Departments of Public Welfare guarantee the right of the patient to freedom of choice of ambulance service.

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FEBRUARY MMS COUNCIL MEETING (Highlights)

A stated meeting of the Council of the MMS was held in Boston on February 8, 1967. Representing the HDMS were the following councilors: Drs. J. C. Ayres, J. R. Kelley, S. F. Potsubay, K. J. Susat, and H. B. Tillman; representing the Mental Health Committee, Dr. J. A. Whitney.

The meeting was called to order by the President, Dr. Warren Babson, at 10:25 A.M. He called for a moment of silence in memory of two deceased councilors including the late Dr. Ralph T. Miller of HDMS.

Dr. Babson announced several interim committee appointments including Dr. B. Lincoln Wales, Jr., from HDMS to the Charitable and Education Committee as a replacement for the late Dr. Miller.

The Council approved and transmitted to the Massachusetts Medical Service (Blue Shield) the joint statement from the Mass. Chapters of the American College of Surgeons and the American Academy of General Practice calling for payment of specific fees for each service rendered by any physician to a surgical patient following surgery. The intent is to eliminate the practice of surgeons assigning a portion of their surgical fee to the referring physician for "after care" with opportunities for collusion.

The Committee on Medical Education Report was accepted as purely informational.

The Committee on Finance recommended that $50,000 be contributed to the American Red Cross with the first $25,000 to be given in 1967. The said contribution is to be used for land and building for a new Blood Bank Center. The remaining $25,000 is to be paid in two consecutive yearly installments for the same purpose. While HDMS opposed this recommendation, the Council approved it. Also approved was a contribution of $6,000 to the AMA Education and Research Foundation, representing $2,000 for each of the three medical schools in Massachusetts. A contribution of $300 to the Student American Medical Association was also voted. A representative from the S.A.M.A. outlined the purposes of that organization. Disapproved was a recommendation for $1,500 for District Officers' Conferences. A recommendation was made that any surplus at the end of the year be so divided that 70% is retained in the General Account, and 30% is diverted from the General Fund for invest-

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ment. A motion to report all salaries to the councilors was defeated.

The reports of the Committees on Public Health, Society Headquarters, and Benevolence were accepted as purely informational.

The Committee on By-laws and Council Rules recommended revision of the By-laws so that the deans of the Mass. medical schools would be made ex-officio councilors. HDMS opposed this revision with the feeling that the deans could be elected councilors from their own respective districts if they were interested. Furthermore, the deans may have different points of view from the practicing physician. However, the Council approved this recommendation.

The Committee on Administration announced that the Internal Revenue Service has refunded $485,199.08 of federal income tax plus interest which had been paid by the New England Journal of Medicine.

The Committee on Hospital and Professional Relations recommended approval of the "Blue Book" on "Recommended Policies for the Hospital-Medical Staff Relationship"; this was approved.

The Committee on Medical Services recommended approval of the statement of the Mass. Nursing Association concerning the role of nurses in obstetrics and anesthesia. This was so voted.

The Committee on Members' Insurance Program presented an informational report pertaining to Blue Cross-Blue Shield for physicians and their families with special emphasis on the Master Medical Plan and the Special Medex plan extending Medicare. Some new benefits will require some increase in premium.

The Committee on Tax Supported

(More on Page 26)

COMING EVENTS

HAMPDEN DISTRICT ANNUAL MEETING, APRIL 20.

HDMS EXECUTIVE COMMITTEE MEETINGS, APRIL 17 and MAY 23.

ACADEMY OF MEDICINE, APRIL 11 and MAY 9. (ANNUAL MEETING)

NEW ENGLAND DIABETES ASSOC., SPRINGFIELD, MARCH 30.

MMS COUNCIL MEETING, MAY 15.

MMS ANNUAL MEETING, BOSTON, MAY 16, 17, and 18.

AMERICAN COLLEGE OF PHYSICIANS (MASS. MEMBERS), SPRINGFIELD, MASS., MAY 20.

AMA ANNUAL MEETING, ATLANTIC CITY, N. J., JUNE 18-22.

Medical Care, along with the Committee on Title XIX, presented informational reports. Tabled was the resolutions of Essex South pertaining to payment for services of physicians to welfare patients in hospitals where there are house officers but no such house officer is present on the physician's service.

On recommendation of the Committee on Medicare and the DeBakey Report, the Council voted approval of a resolution aimed at the removal of the required signature of patients on Medicare forms and leaving to the officers of the Society, the method best achieving the same goal.

The Committee on Prevention of Traffic Accidents presented an informational report.

The Committee on Committees recommended disapproval of the resolution from HDMS concerning enlargement of the Committee on Mental Health. Instead, it recommended that the Committee be a standing Committee of 12 members, and this was approved.

Dr. Whitney of HDMS, Chairman of the Committee on Mental Health, presented the report of that Committee. Among other items, the report described the deplorable conditions at the Bridgewater State Hospital. While the specific recommendations as written were not approved, approval of the principles relative to improving conditions at Bridgewater along with mental health care therein was voted. The recommendations were referred back to the Committee for rewriting.

Under new business, the proposal of the New England Society of Allergy to establish a Section on Allergy was approved.

A proposal to add $20.00 to the dues as a voluntary non-deductible item for BAYPAC-AMPAC was not acted upon.

The meeting adjourned at 4:00 P.M.

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IN MEMORIAM

CYRIL E. SHEA, M. D.

Cyril E. Shea of 248 East St., Chicopee Falls, died at the Mercy Hospital on February 11, 1967.

Born in Chicopee Falls, Mass. on May 11, 1896, Dr. Shea graduated from Georgetown University in Washington, D.C., and received his M.D. degree therefrom in 1921. After interning at the Georgetown University Hospital, he returned to his hometown of Chicopee Falls, where he practiced medicine for forty-five years until his retirement six months ago.

Dr. Shea served on the medical staff of the Mercy Hospital for many years. He was a member of the American Medical Association, the Massachusetts Medical Society, and the Hampden District Medical Society. During World War I, he served in the U. S. Naval Reserve Corps.

Deeptest sympathy is hereby extended to his family, and to his many friends and associates.

YOUR COMMITTEE OF CHOICE

In order to insure the widest possible participation in the H.D.M.S.'s affairs, I am hereby inviting and urging members who have a particular interest to name the committee on which they would like to serve. Needless to say, the effectiveness of a committee is in direct proportion to the interest and concern of its members.

In the forepart of the "Hippocrat" is a complete listing of the Society's committees. Simply by dropping a note or calling the H.D.M.S. office at 1414 State St., Springfield, Mass. - 01109, your interest and prefernce will be given most serious consideration for appointment. Moreover, you will be rendering a distinct service to your profession, your community, and your Society.

Committee work is the heart of any organization. I urge you to let us know where you wish to apply your talents and energies.

Vice President and President-Elect
Joseph M. Baker, M. D.

PHYSICIANS' FEES UNDER MASS. MEDICAID

As of September 1, 1967, Title XIX has been implemented in Massachusetts by the Department of Public Welfare. Remuneration of physicians for their services will now depend on this Department and thus far, judging from the proposals of the Commissioner of Public Welfare, we can expect trouble.

The intent of Title XIX (Medicaid) is to provide for the medically indigent under age 65 years, the same type of medical care provided for those over 65 years of age under Title XVIII (Medicare). In Massachusetts the income limits for the beneficiaries of Medicaid have been set at $180 monthly for the first member of the family, and $56 monthly for each additional member. These limits apply *after* state and federal taxes, allowance for the cost of going to work, and certain other exclusions of income are deducted. A fixed fee schedule has been set up by the Department of Public Welfare without consultation with the physicians. This consists of $5 for an office call, $7 for a home call, and $10 for a night call. For hospital care, Schedule XI (the old Blue Shield Plan A) is to be used. Physicians will recall that Plan A was below the prevailing fees a quarter century ago and was intended for the low income level. This schedule has long been forgotten. Efforts are still being made to update Plan B, which runs about 20% below prevailing fees.

Under provisions of Paragraph 30K of the General Laws, Chapter 7, titled "All-Inclusive Per Diem Charges and Costs of Certain Hospitals" by which hospital costs are determined, the Commissioner of Public Welfare has decreed that physicians may not be paid in teaching hospitals where the per diem rate includes the salaries of house officers who provide medical care. He listed 42 such hospitals in Massachusetts, including the Springfield Hospital in our District. Understandably there was a great deal of protest, and a revision in the interpretation of 30K was made, striking out the words "or in any case where the cost of such services is included in the so-called per diem rate." As a result of this reinterpretation, the list of hospitals involved has been reduced to 19, all of which are affiliated with medical schools and are located in the Boston area. This is progress, and we in the Hampden District are no longer affected. However, even this list should be reduced to zero, since care rendered by house officers must be under the supervision of a visiting physi-

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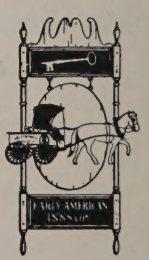
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cian, who cannot be paid for his services as long as such house officers are present.

The unequal benefits available under Titles XVIII and XIX are a great source of dissatisfaction. The usual and customary fees provided for under Medicare do not prevail under Medicaid. For example, a man age 65 years, obtaining benefits under Medicare, may have a wife age 64 years, who would come under Medicaid, so that her coverage would be far inferior to his. These disparities have been brought to the attention of the Department of Public Welfare, the Governor's Medical Assistance Advisory Council, and the Social Security Administration, and all these governmental bodies recognize that this was not the intent of the law. Of 27 states which have implemented Title XIX, Massachusetts is the only state where Medicaid beneficiaries are treated as service patients.

It is apparent that Medicaid, as it is administered in Massachusetts, is improper and, perhaps, even illegal. The wide differences in benefits between Medicare and Medicaid is contrary to the spirit of the Federal law and must be corrected. The differences in the fee schedules become a deterrent to free choice of physicians by Medicaid recipients and discriminate unfairly against these patients. The two programs should be the same except for the income limits, and this was the intent of the law. It is incongruous that two separate fee schedules should exist side by side, and we must protest loudly and emphatically the manner in which Medicaid is administered in Massachusetts.

Tillman

THE SPRINGFIELD HOSPITAL EDUCATIONAL PROGRAM

Donald Gribetz, M.D., Clinical Professor of Pediatrics and Attending Physician at the Mount Sinai School of Medicine, and Assistant Clinical Physician at the Mount Sinai School of Physicians and Surgeons, Columbia University, New York, N.Y., will be the pediatric guest speaker on Thursday, April 6, 1967. His topic will be "The Different Diagnostics and Therapy of Hypocalcemia in Infants and Children." A clinical session will be held at 5:00 P.M.; pediatric rounds, at 6:00 P.M.; and the formal presentation, at 8:00 P.M.

Solomon G. Hershey, M.D., Professor of Anesthesiology at the Postgraduate Medical School of New York University, New York, N.Y., will present a lecture entitled "The Peripheral Circulation: Structural and Functional Considerations" on Friday, April 7, 1967, at 7:30 P.M., in the Hospital's Auditorium.

All physicians, residents, interns, nurses, and military personnel are cordially invited to attend.

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HAMPDEN CAPSULES

Dr. Leonard C. LaZerte transferred to Plymouth District from Hampden.

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Dr. Kenneth McEwan became a fellow of the American College of Radiology in Los Angeles in February.

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Dr. Bernard Bloom was elected President of the Wesson Memorial Hospital staff.

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Dr. Edward Hubbard is the new Chief of Staff of Wesson Maternity Hospital.

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Drs. Levin-Epstein and O'Malley have written an article that appeared in the Journal of Abdominal Surgery, November, 1966. Title of article is "Epidermoid Cyst of the Spleen Complicated by Salmonella."

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HDMS GOLF DAY - May 24, 1967, at the Longmeadow Country Club - more details in April.

Speaking

Dr. Malcolm S. Allan to a combined meeting of Zonta Club, Quota Club, Soroptomist, Business, Professional Women's, and Women's Division of JCA on "Estrogen Therapy."

Dr. William Devlin and Dr. Carl Janovsky at St. Paul's Church on "Human Growth" and "Quarter Million Teenagers."

Dr. Roland Stebbins at St. Girard's Mothers' Club, Holyoke on "Human Growth."

Dr. Samuel Potsubay speaking at Holyoke High on "Smoking."

Dr. Jacob Weissman on Channel 22 with Tom Colton on "Heart" for Heart Sunday.

Dr. Bouchard of Holyoke speaking to Precious Blood High School on "Medical Health Careers."

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HDMS is cooperating with the Safety Council of Western Mass. to put on an "Emergency Care and Transportation of the Injured" program. This will be held on March 29 at Westfield State Teachers College as an all day seminar. Participating in the program are Drs. Booker, Griffin, Fitz-Gibbon, Kruger, R. Williams and Mosig. Other participants are from the American Red Cross, Ambulance Association, and Civil Defense.

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Three local physicians participated in an institute for instructors of disaster nursing at Belchertown the week of March 13. Dr. William Cummings on "Resuscitative Care of the Wounded", Dr. Booker on "Emergency Child Birth", and Dr. Ralph Williams on "Psychological Aspects of Disaster."

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Mrs. Purdy, HDMS Executive Secretary, is participating in a program of the Northeast Region of the American Association of Medical Society Executives at the Carnegie Endowment International Center in New York City. The subject will be "Problems of Medical Societies." Moderator for this panel will be Mr. John Farrell, Executive Secretary of Rhode Island Medical Society.

DIABETES MEETING

New England Diabetes Association Spring Meeting will be held on March 30, 1967, at 8 P.M., at Springfield Hospital Auditorium.

Guest Lecturer will be Jules Hirsch, M.D., Associate Professor, Rockefeller University, Physician to Rockefeller Institute. His subject: "Obesity & Diabetes, New Concepts."

EXECUTIVE MEETING
(Highlights)

The Executive Committee met on Tuesday, February 21, 1967 in the Conference Room of the HDMS. Present were Drs. Hayes, Stoler, Burkhardt, Moore, Wiedman, Bloom, Adham, Beauchamp, Jr., Mozden and Mrs. Purdy.

President Hayes called the meeting to order at 8:05 P.M.

Dr. Stoler read the minutes of the January meeting which were accepted by the Committee as read.

Six letters were read as informational.

Mrs. Purdy gave a report of office activities.

The Executive Committee voted to omit the cancelled meeting of Feb. 7, 1967.

A "Newsletter" will be going out to the membership shortly on some business discussed at the meeting.

The meeting was adjourned at 9:40 P.M.

The Grievance Committee met and heard five cases.

The meeting was adjourned at 10:15 P.M.

QUOTE OF NOTE

"In dealing with people there are some equations in life that become very important. Every joy poured into another's heart returns to its source ultimately. Equally, every wound inflicted, every heartache caused, ultimately and inevitably returns to its source. Every barb thrust into the heart of another must inevitably be thrust into the heart of the one who first sharpened it and formed it. Every tear that is brought to another's eye must be bought and paid for by a tear shed." —Unknown.

If it is newsworthy and medical, the Hippocrat would like to hear about it.

ACADEMY

The next meeting of the
SPRINGFIELD ACADEMY OF MEDICINE
will be held on
TUESDAY, APRIL 11, 8:30 P.M.

SPEAKER:	**MARK L. ALTSCHULE, M. D.** **McLean Hospital** **Waverly, Mass.**
TOPIC:	**"INDOLES IN CLINICAL MEDICINE"**
PLACE:	**Auditorium, Municipal Hospital** **Springfield**
HOSPITAL CLINIC:	**Wesson Memorial Hospital, 5:00 P.M.**

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MAY 16, 17, & 18

BOSTON, MASS.

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